

Iowa Department of Human Services

Applicant Name	Applicant's Birth Date
Name of Person Completing Form	Date Applicant Reached Majority*
Custodian of Applicant at Date of Majority	Custodian's Legal Settlement on Date of Majority

Check one:

- ☐ The applicant is not blind.
- ☐ The applicant is blind, as verified by the attached report from:

* If born after 7/1/54, age 18

If born between 7/1/51 and 7/1/54, age 19;

If born before 7/1/51, age 21

Name of Practitioner	Date of Report
----------------------	----------------

Working back from the present, list the applicant's residences and any MR, DD, MH, BI, or SA services the applicant received while at that residence, until there is a one-year residence in a county without receiving services or being institutionalized (six months for a blind person), or until you reach the applicant's date of majority. Attach additional sheets as needed.

EXAMPLE:

1001 Woodland, Des Moines / Parent's home 2/28/87 - Present
 Counseling / MH 3/12/87 - 9/12/90
 Work Activity / MH 4/25/88 - Present

Residence / Type

From --- To

Services / Type**From --- To**This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.